

## Plaintiff / Petitioner:

STATE FARM MUTUAL AUTOMOBILE INSURANCE : COMPANY,  
STATE FARM INDEMNITY COMPANY, : STATE FARM GUARANTY  
INSURANCE COMPANY : AND STATE FARM FIRE AND CASUALTY :  
COMPANY

## Defendant / Respondent:

ECLIPSE MEDICAL IMAGING, P.C.

## AFFIDAVIT OF SERVICE

Index No:

1:23-cv-03124-ENV-RMI

Date Filed:

04/25/2023

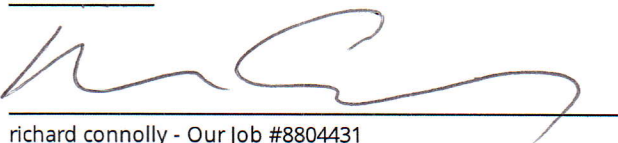
The undersigned being duly sworn, deposes and says; deponent is not a party herein, is over 18 years of age and resides in the State of NEW YORK. That on Mon, May 08 2023 at 12:01 PM at 99 WASHINGTON AVE, ALBANY, NEW YORK 12231 deponent served the within Notice of Commencement and Summons and Complaint upon ECLIPSE MEDICAL IMAGING, P.C.

- ☐ Individual: by delivering a true copy of each to said Defendant/Non-Party Witness, personally; deponent knew the person so served to be the person described as said Defendant/Non-Party Witness therein.
- ☐ Corporation/Business/Government Agency: \_\_\_\_\_ a Defendant/Non-Party Witness, therein named, by delivering a true copy of each to \_\_\_\_\_ personally, deponent knew said corporation/business/government agency so served to be the corporation/business/government agency described, and knew said individual to be \_\_\_\_\_ thereof.
- ☐ Suitable Person: by delivering thereat, a true copy of each to a person of suitable age and discretion at the actual place of business, dwelling place or usual place of abode. a person of suitable age and discretion.
- ☐ Affixing to Door: by affixing a true copy of each to the door thereof, at the actual place of business, dwelling place or usual place of abode, deponent was unable with due diligence to find Defendant/Non-Party Witness, or a person of suitable age or discretion thereat, having called thereon; at \_\_\_\_\_
- ☐ Mailing: Deponent also enclosed a copy of same, in a postpaid sealed wrapper properly addressed to said Defendant/Non-Party Witness at Defendant's/Non-Party Witness's last known residence/Actual Place of business, \_\_\_\_\_, and depositing said wrapper in a post office, official depository under the exclusive care and custody of the United States Post Office, department, within the state of New York. Mailed on \_\_\_\_\_.
- ☒ Secretary of State: ECLIPSE MEDICAL IMAGING, P.C. a Defendant/Non-Party Witness, therein named, by delivering two true copies of each to Sue Zouky personally, deponent knew said Secretary of State so served to be the Secretary of State described, and knew said individual to be Document Specialist thereof. At the time of service a \$40.00 fee was tendered.
- ☐ Military Service: I asked the person spoken to whether Defendant/Non-Party Witness was in active military service of the United States or within the state in which they reside in any capacity whatever and received a negative reply. Defendant/Non-Party Witness wore ordinary civilian clothes and no military uniform. The source of my information and the ground of my belief are the conversations and observations above narrated. Upon information and belief I aver that the Defendant/Non-Party Witness is not in the military service of the United States as that term is defined in either the State or in the Federal statutes.

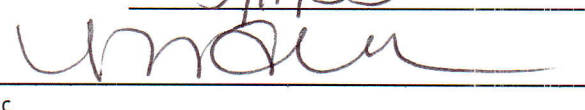
## Description:

Age: 50 Ethnicity: Caucasian Gender: Female Weight: 110  
Height: 5'4" Hair: Gray Eyes: Brown Relationship: Document  
Other \_\_\_\_\_ Specialist

## Service Details:

  
richard connolly - Our Job #8804431  
Alliance Risk Group

Sworn to before me on

5/11/23  
  
Notary Public

MICHELLE M. TERRELL  
NOTARY PUBLIC-STATE OF NEW YORK  
No. 01TE6240152  
Qualified in Rensselaer County  
My Commission Expires 4/25/27